



CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for

Patents, PO Box 1450, Alexandria, VA 22313-1450, on February 11, 2004

Wendy Scott

(Typed or Printed Name of Person Mailing Paper or Fee)

Wendy Scott

(Signature of Person Mailing Paper or Fee)

JS
#6BCNE
2/23/04

Application Number : 09/513,439
Applicant : Jacek R. Ambroziak
Filed : February 25, 2000
TC/A.U. : 2178
Examiner : Schlaifer, Jonathan D.

Confirmation Number: 7935

Docket Number : SUN-P4671-AES
Customer No. : 22,835

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FEB 19 2004

Technology Center 2100

Mail Stop: Box Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

AMENDMENT

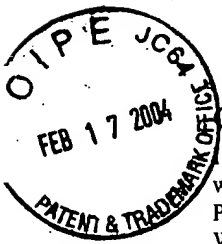
Sir,

In response to the office action of **December 18, 2003**, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

Gp 2178



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AMENDMENT TRANSMITTAL LETTER

Mail Stop: Non-Fee Amendment
Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In connection with the above-referenced U. S. patent application, transmitted herewith are the following papers:

- ☒ Response under 37 C.F.R. § 1.111 to official action mailed December 18, 2003.
- ☐ A petition for extension of time is also enclosed with a fee of \$55.00 for a one-month extension for a small entity.
- ☐ Terminal disclaimer under 37 C.F. R. § 1.321(c), including
 - ☐ check for \$110.00 fee under 37 C.F.R. § 1.20(d), and
 - ☐ 2 certificates under 37 C.F.R. § 3.73(b).
- ☐ Information disclosure statement, form 1449 and ___ references.
- ☒ No additional claims fees are required.

DO NOT ENTER-4.2.

☐ An additional fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS = 20	0	x \$18 =	
Independent Claims		MINUS = 3	0	x \$78 =	
If Amendment adds multiple dependent claims, add \$260.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

- ☐ A check in the amount of \$___ is enclosed.
- ☐ Charge \$___ to Deposit Account No. ____ (Docket No. ____).
- ☒ Please deduct any underpayments, credit any overpayments, and charge all required extension of time fees to Deposit Account Number 50-1003. (Docket No. SUN-P4671-AES).

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FAX: (530) 759-1665

Respectfully submitted,

By



Edward J. Grundler
Registration No. 47,615

Date: February 11, 2004